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PTO/SB/01 (10-00)

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DECLARATION FOR UTILITY CR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	EN 11333	
		First Named Inventor	BURRUS	
		COMPLETE IF KNOWN		
		Application Number		
Capitalica		Filing Date		
	OR Submitted after Initial	Group Art Unit		
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)		Examiner Name	

_									
	As a below named inventor, I hereby declare that:								
١	My residence, mailing address, and citizenship are as stated below next to my name.								
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
	CABLE OR MODULE IDENTIFICATION APPROPRIOS AND METHOD								
	4b	רו	Title of the Invention)						
T i	the specification of which								
≓ ;	is attached hereto		an Hailard C	······································	Number of DCT International				
= 1	was filed on (MM/DD/YYYY)		as Office S	tates Application i	Number or PCT International				
	(if applicable).								
	Application Number and was amended on (MM/DD/YYYY)								
=;	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as								
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	Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO				
				0000	0000				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
ļ	I hereby claim the benefit under	I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
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[Page 1 of 2]
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Address 8000 West Sunrise Bou	levard - Ro	oom 161	0			
City Fort Lauderdale	· · · · · · · · · · · · · · · · · · ·			State F	-lorida	ZIP 33322
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NAME OF SOLE OR FIRST INV	ENTOR:			A petiti	on has been fil	ed for this unsigned inventor
Given Name (first and middle [if any])	.us, \V	/		Family I or Surn	1 441	AP H.
Inventor's Signature	Inventor's 9/18/0/					
Residence: City LILBURN State Country			ミーナム マルブ	UNITED STATES		
Mailing Address 4653 ARROWHEAD TRAIL						
Mailing Address						
city LILBURAL	State	2614		ろ(ZIP	0047	UNITED STATES
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]) Family Name or Surname						
Inventor's Signature Date						
Residence: City			State		Country	Citizenship
Mailing Address						
Mailing Address						
City	State			ZIP		Country
Additional inventors are being named	•	_suppleme	ntal Additio		itor(s) sheet(s) PT	O/SB/02A attached hereto.

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Application Number		
Filing Date		
First Named Inventor	BURRUS	
Group Art Unit		
Examiner Name		
Attorney Docket Number	EN 11333	

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